| OIPE   | PART B - FEE(S) TRANSMITTAL                    |   |  |                     |                                       |  |
|--|--|---|--|---------------------|---------------------------------------|--|
| Complete and send the form, together with applicable fee(s), to: M   |  |   | Mail Stop ISSUE FEE<br>Commissioner for Patents<br>P.O. Box 1450<br>Alexandria, Virginia 22313-1450  |                     |                                       |  |
|  |  | or <u>Fax</u>   |  | N Di la Laborat 6 d | 12 6 1 1                              |  |
| INSTRUCTIONS: This dependence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.   |  |   |  |                     |                                       |  |
| CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 to 27081 7590 01/12/2006   | Fee(s) Transmittal. Thi papers. Each additiona | Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.   |  |                     |                                       |  |
| OWENS-ILLINOIS, INC.<br>ONE SEAGATE, 25-LDP<br>TOLEDO, OH 43666  |  | Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. |  |                     |                                       |  |
|  |  | Sennifer R. Miller (Depositor's name)   |  |                     |                                       |  |
| 04/12/2006 MAHMED2 00000010 150875 10789877  |  |   | Jennie   | RMuller             | (Signature)                           |  |
| 01 FC:1501 1400.00 DA  |  |   | 006  | (Date)              |                                       |  |
| 02 FC:1504 300.00 DA 03 FC:8001*PLICATION N2.00 DA FILING DATE   | 1  | FIRST NAMED IN  | VENTOR   | ATTORNEY DOCKET NO. | CONFIRMATION NO.                      |  |
| 10/789,877 02/27/2004  |  | John W. Sa  | fian   | 18188 USA           | 9150                                  |  |
| TITLE OF INVENTION: PLASTIC PACKAGING H.   |  |   |  | moral penso pun     | DATE DUE                              |  |
| APPLN. TYPE SMALL ENTITY   | ISSUE F  |   | PUBLICATION FEE  | TOTAL FEE(S) DUE    |                                       |  |
| nonprovisional NO  | NO \$1400                                      |   | \$300  | \$1700              | 04/12/2006                            |  |
| EXAMINER   | ART UNIT                                       |   | CLASS-SUBCLASS   |                     | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |  |
| GEHMAN, BRYON P  | 3728   |   | 206-459500   |                     |                                       |  |
| CFR 1.363).  ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47: Rev 03-02 or more recent) attached. Use of a Customer  [2] the or age (2) the register of the control of |  |   | reprinting on the patent front page, list the names of up to 3 registered patent attorneys tents OR, alternatively, the name of a single firm (having as a member a tered attorney or agent) and the names of up to sistered patent attorneys or agents. If no name is 1, no name will be printed. |                     |                                       |  |
| 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  |  |   |  |                     |                                       |  |
| PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  |  |   |  |                     |                                       |  |
| (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)  |  |   |  |                     |                                       |  |
| Owens-Illinois HealthCare Packaging Inc. Toledo, OH, USA   |  |   |  |                     |                                       |  |
| Please check the appropriate assignee category or categories (will not be printed on the patent): Kildividual Corporation or other private group entity Government   |  |   |  |                     |                                       |  |
| 4a. The following fee(s) are enclosed:  ★★ Payment of Fee(s):  A check in the amount of the fee(s) is enclosed.  |  |   |  |                     |                                       |  |
| Publication Fee (No small entity discount permitted)  Payment by credit card. Form PTO-2038 is attached.   |  |   |  |                     |                                       |  |
| XXI Advance Order - # of Copies 4 XXI The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 15-08/5 (enclose an extra copy of this form).  |  |   |  |                     |                                       |  |
| 5. Change in Entity Status (from status indicated above)  a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).  |  |   |  |                     |                                       |  |
| The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.   |  |   |  |                     |                                       |  |
| Authorized Signature   |  |   | Date   | ARCH 13, 2006       |                                       |  |
| Typed or printed name S. L. Smith  |  |   | Registration No. <u>53,618</u>   |                     |                                       |  |

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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